

# Montana Medicaid - Fee Schedule

## Optometric

### Definitions:

July 1, 2005

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 43% of billed charges

**Anes Value:** Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.07.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2006 is \$32.59.

**\*If a valid, current code is not present, that code may be a non-covered service**

**Fees** The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.

**Global Days** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code description

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

### Indicators

**Mult** - Multiple surgery guidelines do apply

**Bilat** - Bilateral. The procedure can be done bilaterally

**Assist** - Assistant. An assistant is allowed for this procedure

**Co-Surg** - Co-Surgery. A co-surgeon is allowed for this procedure

**Team** - A team of surgeons is allowed for this procedure

**Related** - The procedure code listed is separately billable

**Y** - indicator is applicable to this code

**Space** - this indicator does not apply to this code

**Policy Adjust** - M = Maternity, P = Mental Health, D = Profess. Differential

*CPT codes, descriptions and other data only are copyright 1999 American Medical Association for such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.*

# **Montana Medicaid - Fee Schedule** **Optometric**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
A4262		TEMPORARY TEAR DUCT PLUG	7/1/2003	RBRVS	\$0.00	\$0.00								
A4263		PERMANENT TEAR DUCT PLUG	7/1/2003	RBRVS	\$0.00	\$0.00								
A6410		STERILE EYE PAD	1/1/2003	MEDICARE	\$0.39	\$0.00								
A6411		NON-STERILE EYE PAD	1/1/2003	BY REPORT	\$0.00	\$0.00								
A6412		OCCLUSIVE EYE PATCH	1/1/2003	BY REPORT	\$0.00	\$0.00								
E1399		MISC SUPP & EQUIP. NOC (OR WHEELCH	7/1/1996	BY REPORT	\$0.00	\$0.00								
G0117		GLAUCOMA SCRNM HGH RISK DIREC	7/1/2005	RBRVS	\$35.13	\$20.27								
G0118		GLAUCOMA SCRNM HGH RISK DIREC	7/1/2005	RBRVS	\$20.69	\$7.53								
V2500		CONTACT LENS PMMA SPHERICAL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2501		CNTCT LENS PMMA-TORIC/PRISM	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y						
V2502		CONTACT LENS PMMA BIFOCAL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y						
V2503		CNTCT LENS PMMA COLOR VISION	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2510		CNTCT GAS PERMEABLE SPHERICL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2511		CNTCT TORIC PRISM BALLAST	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y						
V2512		CNTCT LENS GAS PERMBL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y						
V2513		CONTACT LENS EXTENDED WEAR	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2520		CONTACT LENS HYDROPHILIC	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2521		CNTCT LENS HYDROPHILIC TORIC	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y						
V2522		CNTCT LENS HYDROPHIL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y						
V2523		CNTCT LENS HYDROPHIL EXTEND	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2623		PLASTIC EYE PROSTH CUSTOM	1/1/2004	MEDICARE	\$761.71	\$0.00								
V2624		POLISHING ARTIFICIAL EYE	1/1/2004	MEDICARE	\$62.10	\$0.00								
V2625		ENLARGEMNT OF EYE PROSTHESIS	1/1/2004	MEDICARE	\$391.40	\$0.00								
V2626		REDUCTION OF EYE PROSTHESIS	1/1/2004	MEDICARE	\$160.00	\$0.00								
V2627		SCLERAL COVER SHELL	1/1/2004	MEDICARE	\$1,342.78	\$0.00								
V2628		FABRICATION & FITTING	1/1/2004	MEDICARE	\$325.33	\$0.00								
65205		REMOVE FOREIGN BODY FROM EYE	7/1/2005	RBRVS	\$42.27	\$32.46	0		Y	Y				
65210		REMOVE FOREIGN BODY FROM EYE	7/1/2005	RBRVS	\$51.26	\$39.21	0		Y	Y				
65220		REMOVE FOREIGN BODY FROM EYE	7/1/2005	RBRVS	\$42.56	\$32.46	0		Y	Y				
65222		REMOVE FOREIGN BODY FROM EYE	7/1/2005	RBRVS	\$56.74	\$42.43	0		Y	Y				
65435		CURETTE/TREAT CORNEA	7/1/2005	RBRVS	\$59.48	\$51.36	0		Y	Y				
66821		AFTER CATARACT LASER SURGERY	7/1/2005	RBRVS	\$194.46	\$181.30	90		Y	Y				
66984		CATARACT SURG W/IOL 1 STAGE	7/1/2005	RBRVS	\$553.08	\$553.08	90		Y	Y				
67820		REVISE EYELASHES	7/1/2005	RBRVS	\$46.99	\$45.89	0		Y	Y				
67916		REPAIR EYELID DEFECT	7/1/2005	RBRVS	\$407.18	\$314.98	90	Y	Y	Y				
67938		REMOVE EYELID FOREIGN BODY	7/1/2005	RBRVS	\$196.19	\$80.73	10		Y	Y				
68530		CLEARANCE OF TEAR DUCT	7/1/2005	RBRVS	\$353.83	\$198.83	10		Y	Y				
68760		CLOSE TEAR DUCT OPENING	7/1/2005	RBRVS	\$158.26	\$104.71	10		Y	Y				
68761		CLOSE TEAR DUCT OPENING	7/1/2005	RBRVS	\$109.99	\$83.37	10		Y	Y				
68801		DILATE TEAR DUCT OPENING	7/1/2005	RBRVS	\$86.49	\$73.59	10		Y	Y				
68810		PROBE NASOLACRIMAL DUCT	7/1/2005	RBRVS	\$167.74	\$140.01	10		Y	Y				
68840		EXPLORE/IRRIGATE TEAR DUCTS	7/1/2005	RBRVS	\$87.34	\$73.88	10		Y	Y				
76514		ECHO EXAM OF EYE THICKNESS	7/1/2005	RBRVS	\$9.78	\$9.78								
76514	TC	ECHO EXAM OF EYE THICKNESS	7/1/2005	RBRVS	\$1.69	\$1.69								
76514	26	ECHO EXAM OF EYE THICKNESS	7/2/2004	RBRVS	\$8.08	\$8.08								
76516		ECHO EXAM OF EYE	7/1/2005	RBRVS	\$60.88	\$60.88								

Please see first page for a complete description  
of information contained in the fee schedules.

# **Montana Medicaid - Fee Schedule** **Optometric**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Policy Adjust
					Office	Facility					Assist	CoSurg	Team	
76516	TC	ECHO EXAM OF EYE	7/1/2005	RBRVS	\$36.24	\$36.24								
76516	26	ECHO EXAM OF EYE	7/1/2005	RBRVS	\$24.61	\$24.61								
76519		ECHO EXAM OF EYE	7/1/2005	RBRVS	\$63.39	\$63.39								
76519	TC	ECHO EXAM OF EYE	7/1/2005	RBRVS	\$38.78	\$38.78								
76519	26	ECHO EXAM OF EYE	7/1/2005	RBRVS	\$24.61	\$24.61				Y				
92002		EYE EXAM, NEW PATIENT	7/1/2005	RBRVS	\$56.45	\$38.78								
92004		EYE EXAM, NEW PATIENT	7/1/2005	RBRVS	\$103.25	\$74.66								
92012		EYE EXAM ESTABLISHED PAT	7/1/2005	RBRVS	\$51.30	\$30.54								
92014		EYE EXAM & TREATMENT	7/1/2005	RBRVS	\$76.26	\$49.90								
92015		REFRACTION	7/1/2005	RBRVS	\$54.43	\$16.88								
92020		SPECIAL EYE EVALUATION	7/1/2005	RBRVS	\$21.87	\$16.85								
92060		SPECIAL EYE EVALUATION	7/1/2005	RBRVS	\$43.83	\$43.83								
92060	TC	SPECIAL EYE EVALUATION	7/1/2005	RBRVS	\$12.61	\$12.61								
92060	26	SPECIAL EYE EVALUATION	7/1/2005	RBRVS	\$31.19	\$31.19								
92065		ORTHOPTIC/PLEOPTIC TRAINING	7/1/2005	RBRVS	\$27.51	\$27.51								
92065	TC	ORTHOPTIC/PLEOPTIC TRAINING	7/1/2005	RBRVS	\$10.95	\$10.95								
92065	26	ORTHOPTIC/PLEOPTIC TRAINING	7/1/2005	RBRVS	\$16.56	\$16.56								
92070		FITTING OF CONTACT LENS	7/1/2005	RBRVS	\$53.38	\$32.36				Y				
92081		VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$38.65	\$38.65								
92081	TC	VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$22.42	\$22.42								
92081	26	VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$16.23	\$16.23								
92082		VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$49.41	\$49.41								
92082	TC	VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$29.43	\$29.43								
92082	26	VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$19.95	\$19.95								
92083		VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$56.97	\$56.97								
92083	TC	VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$34.22	\$34.22								
92083	26	VISUAL FIELD EXAMINATION(S)	7/1/2005	RBRVS	\$22.75	\$22.75								
92100		SERIAL TONOMETRY EXAM(S)	7/1/2005	RBRVS	\$68.41	\$40.67								
92120		TONOGRAPHY & EYE EVALUATION	7/1/2005	RBRVS	\$56.97	\$35.95								
92130		WATER PROVOCATION TONOGRAPHY	7/1/2005	RBRVS	\$62.87	\$37.35								
92135		OPHTHALMIC DX IMAGING	7/1/2005	RBRVS	\$34.12	\$34.12				Y				
92135	TC	OPHTHALMIC DX IMAGING	7/1/2005	RBRVS	\$18.22	\$18.22				Y				
92135	26	OPHTHALMIC DX IMAGING	7/1/2005	RBRVS	\$15.90	\$15.90				Y				
92136		OPHTHALMIC BIOMETRY	7/1/2005	RBRVS	\$66.19	\$66.19								
92136	TC	OPHTHALMIC BIOMETRY	7/1/2005	RBRVS	\$41.58	\$41.58								
92136	26	OPHTHALMIC BIOMETRY	7/1/2005	RBRVS	\$24.61	\$24.61				Y				
92140		GLAUCOMA PROVOCATIVE TESTS	7/1/2005	RBRVS	\$44.32	\$22.49								
92225		SPECIAL EYE EXAM, INITIAL	7/1/2005	RBRVS	\$18.84	\$17.17				Y				
92226		SPECIAL EYE EXAM, SUBSEQUENT	7/1/2005	RBRVS	\$16.95	\$14.96				Y				
92250		EYE EXAM WITH PHOTOS	7/1/2005	RBRVS	\$57.81	\$57.81								
92250	TC	EYE EXAM WITH PHOTOS	7/1/2005	RBRVS	\$37.84	\$37.84								
92250	26	EYE EXAM WITH PHOTOS	7/1/2005	RBRVS	\$19.95	\$19.95								
92260		OPHTHALMOSCOPY/DYNAMOMETRY	7/1/2005	RBRVS	\$14.11	\$9.32								
92265		EYE MUSCLE EVALUATION	7/1/2005	RBRVS	\$69.94	\$69.94								
92265	TC	EYE MUSCLE EVALUATION	7/1/2005	RBRVS	\$34.51	\$34.51								
92265	26	EYE MUSCLE EVALUATION	7/1/2005	RBRVS	\$35.43	\$35.43								

Please see first page for a complete description  
of information contained in the fee schedules.

# **Montana Medicaid - Fee Schedule** **Optometric**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Team	Policy Adjust
					Office	Facility					Assist	CoSurg			
92283		COLOR VISION EXAMINATION	7/1/2005	RBRVS	\$29.66	\$29.66									
92283	TC	COLOR VISION EXAMINATION	7/1/2005	RBRVS	\$21.87	\$21.87									
92283	26	COLOR VISION EXAMINATION	7/2/2004	RBRVS	\$7.79	\$7.79									
92284		DARK ADAPTATION EYE EXAM	7/1/2005	RBRVS	\$61.11	\$61.11									
92284	TC	DARK ADAPTATION EYE EXAM	7/1/2005	RBRVS	\$50.74	\$50.74									
92284	26	DARK ADAPTATION EYE EXAM	7/1/2005	RBRVS	\$10.36	\$10.36									
92285		EYE PHOTOGRAPHY	7/1/2005	RBRVS	\$34.84	\$34.84									
92285	TC	EYE PHOTOGRAPHY	7/1/2005	RBRVS	\$25.52	\$25.52									
92285	26	EYE PHOTOGRAPHY	7/1/2005	RBRVS	\$9.32	\$9.32									
92286		INTERNAL EYE PHOTOGRAPHY	7/1/2005	RBRVS	\$108.17	\$108.17									
92286	TC	INTERNAL EYE PHOTOGRAPHY	7/1/2005	RBRVS	\$77.96	\$77.96									
92286	26	INTERNAL EYE PHOTOGRAPHY	7/1/2005	RBRVS	\$30.21	\$30.21									
92310		CONTACT LENS FITTING	7/1/2005	RBRVS	\$70.69	\$51.92									
92311		CONTACT LENS FITTING	7/1/2005	RBRVS	\$66.65	\$45.89									
92312		CONTACT LENS FITTING	7/1/2005	RBRVS	\$72.22	\$55.96									
92313		CONTACT LENS FITTING	7/1/2005	RBRVS	\$60.29	\$38.68									
92314		PRESCRIPTION OF CONTACT LENS	7/1/2005	RBRVS	\$49.11	\$30.34									
92315		PRESCRIPTION OF CONTACT LENS	7/1/2005	RBRVS	\$38.78	\$19.46									
92316		PRESCRIPTION OF CONTACT LENS	7/1/2005	RBRVS	\$48.27	\$30.86									
92317		PRESCRIPTION OF CONTACT LENS	7/1/2005	RBRVS	\$41.29	\$19.16									
92325		MODIFICATION OF CONTACT LENS	7/1/2005	RBRVS	\$11.50	\$11.50									
92326		REPLACEMENT OF CONTACT LENS	7/1/2005	RBRVS	\$47.45	\$47.45									
92340		FITTING OF SPECTACLES	7/1/2005	RBRVS	\$29.41	\$14.96									D
92341		FITTING OF SPECTACLES	7/1/2005	RBRVS	\$33.43	\$19.01									D
92342		FITTING OF SPECTACLES	7/1/2005	RBRVS	\$35.77	\$21.58									D
92352		SPECIAL SPECTACLES FITTING	7/1/2003	RBRVS	\$0.00	\$0.00									
92353		SPECIAL SPECTACLES FITTING	7/1/2003	RBRVS	\$0.00	\$0.00									
92370		REPAIR & ADJUST SPECTACLES	1/1/2004	FEE SCHED	\$15.49	\$0.00									
96110		DEVELOPMENTAL TEST, LIM	7/1/2005	RBRVS	\$10.36	\$10.36									
96111		DEVELOPMENTAL TEST EXTEND	7/1/2005	RBRVS	\$119.47	\$119.47									
96115		NEUROBEHAVIOR STATUS EXAM	7/1/2005	RBRVS	\$54.62	\$54.62									
99050		MEDICAL SERVICES AFTER HRS	7/1/2003	RBRVS	\$0.00	\$0.00									
99052		MEDICAL SERVICES AT NIGHT	7/1/2003	RBRVS	\$0.00	\$0.00									
99054		MEDICAL SERVCS, UNUSUAL HRS	7/1/2003	RBRVS	\$0.00	\$0.00									
99056		NON-OFFICE MEDICAL SERVICES	7/1/2003	RBRVS	\$0.00	\$0.00									
99070		SPECIAL SUPPLIES	7/1/2003	RBRVS	\$0.00	\$0.00									
99172		OCULAR FUNCTION SCREEN	7/1/2003	BY REPORT	\$0.00	\$0.00									
99173		VISUAL ACUITY SCREEN	7/1/2003	BY REPORT	\$0.00	\$0.00									
99201		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$29.30	\$19.75									
99202		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$52.31	\$38.85									
99203		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$77.99	\$59.77									
99204		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$110.74	\$88.61									
99205		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$140.76	\$117.78									
99211		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$16.75	\$7.53									
99212		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$30.70	\$20.04									
99213		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$42.07	\$29.46									

Please see first page for a complete description  
of information contained in the fee schedules.

# **Montana Medicaid - Fee Schedule Optometric**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
99214		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$66.19	\$48.82								
99215		OFFICE/OUTPATIENT VISIT, EST	7/1/2005	RBRVS	\$97.05	\$78.25								
99231		SUBSEQUENT HOSPITAL CARE	7/1/2005	RBRVS	\$28.19	\$28.19								
99232		SUBSEQUENT HOSPITAL CARE	7/1/2005	RBRVS	\$46.08	\$46.08								
99233		SUBSEQUENT HOSPITAL CARE	7/1/2005	RBRVS	\$65.54	\$65.54								
99241		OFFICE CONSULTATION	7/1/2005	RBRVS	\$40.28	\$28.48								
99242		OFFICE CONSULTATION	7/1/2005	RBRVS	\$74.14	\$57.88								
99243		OFFICE CONSULTATION	7/1/2005	RBRVS	\$98.85	\$77.53								
99244		OFFICE CONSULTATION	7/1/2005	RBRVS	\$139.81	\$114.59								
99245		OFFICE CONSULTATION	7/1/2005	RBRVS	\$181.27	\$152.39								
99281		EMERGENCY DEPT VISIT	7/2/2004	RBRVS	\$13.85	\$13.85								
99282		EMERGENCY DEPT VISIT	7/1/2005	RBRVS	\$23.04	\$23.04								
99283		EMERGENCY DEPT VISIT	7/1/2005	RBRVS	\$51.75	\$51.75								
99301		NURSING FACILITY CARE	7/1/2005	RBRVS	\$54.59	\$54.59								
99311		NURSING FAC CARE, SUBSEQ	7/1/2005	RBRVS	\$27.99	\$27.99								
99312		NURSING FAC CARE, SUBSEQ	7/1/2005	RBRVS	\$46.38	\$46.38								
99313		NURSING FAC CARE, SUBSEQ	7/1/2005	RBRVS	\$65.41	\$65.41								